# FORM D

UNITED STATES TIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

E OF SALE OF SECURITIES RSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

3235-0076

OMB Number:

Expires:

Estimated average burden hours per response. . . . . 16.00



Name of Offering ( check if this is an amendment and name has changed, and indicate change.)	11414
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	ULOE
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  Drive Clean Holding, LLC	
Address of Executive Offices (Number and Street, City, State, Zip Code)  One Riverfront Place, Suite 615 North Little Rock, AR 72114	Telephone Number (Including Area Code) 501-378-0100
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business car wash company	PROCESSED
- P	please specify):  MAR 1 9 2007  sility Company
Actual or Estimated Date of Incorporation or Organization:    Month   Year	THOMSON FINANCIAL  AR

### **GENERAL INSTRUCTIONS**

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

## State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

required to respond unless the form displays a currently valid OMB control number.

1 of 9

Γ	A	. BASIC IDENTIF	ICATION DATA			
<u>L</u>	Enter the information requested for the following:					
	Each promoter of the issuer, if the issuer has been	organized within t	he past five years;			
	Each beneficial owner having the power to vote or or	lispose, or direct the	vote or disposition of	f, 10% or more of	a class	s of equity securities of the issuer
	Each executive officer and director of corporate is	suers and of corpor	ate general and mana	ging partners of	partne	rship issuers; and
	Each general and managing partner of partnership	issuers.		-		
			n : 000		~~	
Che	Check Box(es) that Apply: Promoter  Benefit	icial Owner [	Executive Officer	Director	Ø	General and/or Managing Partner
	Full Name (Last name first, if individual) Bennett, Mike				•	
	Business or Residence Address (Number and Street, City, One Riverfront Place, Suite 615 North Little Rock,					
Che	Check Box(es) that Apply: Promoter Benefit	cial Owner	Executive Officer	Director		General and/or Managing Partner
Fuli	Full Name (Last name first, if individual)		••			
Bus	Business or Residence Address (Number and Street, City,	State, Zip Code)		<del></del>		· · · · · · · · · · · · · · · · · · ·
Che	Check Box(es) that Apply: Promoter Benefit	cial Owner	Executive Officer	Director		General and/or Managing Partner
Full	Full Name (Last name first, if individual)					
Bus	Business or Residence Address (Number and Street, City,	State, Zip Code)				
Che	Check Box(es) that Apply: Promoter Benefit	cial Owner	Executive Officer	Director		General and/or Managing Partner
Full	Full Name (Last name first, if individual)					
Bus	Business or Residence Address (Number and Street, City,	State, Zip Code)				<del></del>
Che	Check Box(es) that Apply: Promoter Benefit	cial Owner	Executive Officer	Director		General and/or Managing Partner
Full	Full Name (Last name first, if individual)			_		
Busi	Business or Residence Address (Number and Street, City,	State, Zip Code)				
Che	Check Box(es) that Apply: Promoter Benefi	cial Owner	Executive Officer	Director		General and/or Managing Partner
Full	Full Name (Last name first, if individual)		-			
Busi	Business or Residence Address (Number and Street, City,	State, Zip Code)				
Che	Check Box(es) that Apply: Promoter Benefit	cial Owner	Executive Officer	Director		General and/or Managing Partner
Full	Full Name (Last name first, if individual)				•	

Business or Residence Address (Number and Street, City, State, Zip Code)

Γ				· · · ·	D 1	VEODMAT	ION A DOL	TAFFERE	NC				
					В. 1.	NFORMAT	ION ABOU	1 OFFERI	NG			Yes	N.
1. Ha	as the	issuer solo	d, or does t	he issuer i	ntend to se	ll, to non-a	ccredited i	nvestors in	this offer	ing?			No <b>⊠</b>
						Appendix						_	_
2. W	2. What is the minimum investment that will be accepted from any individual?									\$			
										Yes	No		
											X		
co If: or	mmiss a perso states	ion or sim on to be lis list the na	ilar remune ted is an as	ration for s sociated pe proker or de	solicitation rson or age caler. If mo	of purchasent of a broker ore than five	ers in conno (er or deale e (5) persoi	ection with r registered as to be list	sales of sec I with the S ed are asso	curities in t SEC and/or	irectly, any he offering, with a state ons of such		
Full Na	ame (L	ast name	first, if ind	ividual)	<del>"</del>								
Rusine	es or F	Residence	Address (N	Jumber and	1 Street C	ity State 7	in Code)					···	
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Name	of Ass	ociated Br	oker or De	alcr									
States i	in Whi	ch Person	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers					-	
(C	heck "	All States	s" or check	individual	States)					••••••		☐ Al	l States
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	L	IN	ĪĀ	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
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R	ll]	SC	SD	TN	TX	UT	VT	VA	<u>WA</u> ]	WV	<u>wi</u>	WY	PR
Full Na	ame (L	ast name	first, if ind	ividual)									
Rusine	es or	Residence	: Address (1	Number an	d Street C	Sity State	Zin Code)						<del> </del>
Dusine	35 01	residence	riddress (	value er an	d Billou, C	ny, otate,	Eip Code,						
Name o	of Ass	ociated Br	oker or De	aler									
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	<u>.                                    </u>	IN NE	IA NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
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Full Na	ame (1	ast name	first, if ind	ividual)									<del></del>
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Busine	ss or	Residence	Address ()	Number an	d Street, C	ity, State,	Zip Code)						
Name o	of Ass	ociated Br	oker or De	aler	· · · · · · · · · · · · · · · · · · ·								
			Listed Ha										
(C	heck "	All States	or check	individual	States)					•••••	•••••	☐ Al	l States
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## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
			r
	Debt		
			\$ 2,210,200.00
	Common Preferred	•	r
	Convertible Securities (including warrants)		
	Partnership Interests		
	Other (Specify)		
	Total	2,270,200.00	<u>\$ 2,275,200.00</u>
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors	17	\$ 2,275,200.00
	Non-accredited Investors		<u> </u>
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	T	Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504	<del> </del>	\$
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$_22,000.00
	Accounting Fees	_	\$
	Engineering Fees	<del></del>	\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)	_	\$
	Total	<del>_</del>	s 22,000.00

	C. OFFERING PRICE, NUMB	ER OF INVESTORS, EXPENSES AND USE OF PI	ROCEEDS	
	b. Enter the difference between the aggregate offering and total expenses furnished in response to Part C — C proceeds to the issuer."	ng price given in response to Part C — Question 1 Question 4.a. This difference is the "adjusted gross		s_2,253,200.00
5.	Indicate below the amount of the adjusted gross proceach of the purposes shown. If the amount for any check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part 6			
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees			
	Purchase of real estate		] \$	<b>S</b>
	Purchase, rental or leasing and installation of mach and equipment		]\$	\$
	Construction or leasing of plant buildings and facil	lities	\$	_   \$
	Acquisition of other businesses (including the valu offering that may be used in exchange for the asset issuer pursuant to a merger)	s or securities of another	1\$	ra's 300,000
	Repayment of indebtedness			~
	Working capital		s 1958 200	☐ \$
	Other (specify):			
			] \$	s
	Column Totals			
	Total Payments Listed (column totals added)		□\$ <u>2,</u>	253,200
		D. FEDERAL SIGNATURE		
sig	e issuer has duly caused this notice to be signed by the unature constitutes an undertaking by the issuer to furn information furnished by the issuer to any non-accre	ish to the U.S. Securities and Exchange Commiss	ion, upon writter	
Iss	uer (Print or Type)	Signature D	ate 1	
Dr	ive Clean Holding, LLC	+ Mahalfform	2/28/0	7
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)	• •	
Лik	e Bennett	Managing Partner		

- ATTENTION -----

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE		
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No <b>⊠</b>

- See Appendix, Column 5, for state response.
- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature OCO Date	
Drive Clean Holding, LLC	1 melet 19ml 2/28/07	
Name (Print or Type)	Title (Print or Type)	
Mike Bennett	Managing Partner	

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

## **APPENDIX** 5 2 4 1 3 Disqualification under State ULOE Type of security (if yes, attach Intend to sell and aggregate Type of investor and offering price explanation of to non-accredited waiver granted) investors in State offered in state amount purchased in State (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited Yes No No **Investors** Investors Amount State Yes Amount ΑL ΑK ΑZ AR \$1,290,000. 12 CA CO CT DE DC FL GA HI ID IL IN IΑ KS KY LA ME MD MA ΜI MN MS

## **APPENDIX** 2 4 1 3 Disqualification under State ULOE Type of security Intend to sell and aggregate (if yes, attach offering price Type of investor and explanation of to non-accredited investors in State offered in state amount purchased in State waiver granted) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited Yes No Yes No Investors Investors Amount State Amount X 1 \$685,200.00 MO MT NE NV NH NJ NM NY NC ND OH \$180,000.0 OK 3 OR PA RΙ SC SD TN 1 TX \$120,000.04 X UT VT VAWA WV WI

				APP	ENDIX					
1		2	3 4			4				
	to non-a	I to sell accredited as in State I-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)		amount purchased in State			lification rate ULOE , attach ration of granted) -Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
WY										
PR										

